

# Health Status in Alaska

2000 Edition



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## Introduction

### Healthy Alaskans 2000

In 1992, the Alaska Department of Health and Social Services began a process to develop state health objectives, using Healthy People 2000 as a model. After an almost 2 year process which included input from many different organizations, agencies and individuals, *Healthy Alaskans 2000* was published and released in February 1994.<sup>1</sup>

The major outcomes of the *Healthy Alaskans 2000* were:

- 1) It created a mechanism for the department to evaluate the availability of health data in the state, identify major gaps in disease surveillance, and coordinate and publish information from health data systems within the department and other state agencies;
- 2) It provided a resource guide on disease and injuries to the agencies and the public for community education efforts and community health planning activities; and
- 3) It met the requirements of a number of federal programs tied to the national health objectives as well as providing an overview of health status in Alaska for state, tribal and community health agencies.

Since publication in 1994, a number of the major recommendations in the document have come to fruition. While Healthy Alaskans 2000 may not have been the primary reason for the accomplishments, it did provide a focal point for summarizing and monitoring the important health issues during the 1990s.

### Examples of major public health accomplishments during the 1990s include:

- The development and expansion of new data systems to monitor health status, including BRFSS, Trauma Registry, PRAMS, the Youth Risk Behavior Survey, and Cancer and Birth Defects Registries.
- Passage of the tax increase on cigarettes and other tobacco products along with improvements in

tobacco prevention and control activities.

- Increased attention to the prevention of injuries and chronic diseases.
- Implementation of federal and state collaborative efforts to prevent occupational injuries and death.
- Improvement in the immunization levels of young children.
- Implementation of Denali Kidcare to provide health coverage to low-income children and pregnant women.

### Examples of areas where improvement is still needed include:

- Implementation of a uniform hospital discharge summary database.
- Establishment of sustainable and ongoing collection of data from the Youth Risk Behavior Survey.
- Implementation of an increased tax on all alcoholic beverages in order to decrease alcohol abuse and use by youth.
- Implementation of quality comprehensive health education programs in Alaska's schools.
- Increased emphasis on programs to increase physical activity and improve nutrition in order to combat the epidemic of obesity among adults and children in Alaska.
- Increased emphasis on oral health, both from a public health approach and through delivery of services to low-income families.
- Development of a public health approach to mental health issues, including improved surveillance, health promotion, disease prevention and access to services.
- Development of efforts to prevent the excessive loss of life and health from firearm injuries.
- Vigilance in environmental health, including improving the ability to protect the state's water, air and food supply.
- Increased efforts to improve access to health care for all Alaskans.

### Health Status in Alaska

As the Department of Health and Social Services is moving towards the development of *Healthy Alaskans 2010*, it is important to review progress towards meeting

the Healthy Alaskans 2000 goals. This report provides information on many of the objectives from Healthy Alaskans 2000, as well as the new indicators developed in the 1998 report *Health Status in Alaska*.<sup>2</sup> For each of the data indicators, the report presents: the Alaska baseline value; the Alaska trend data since the baseline year; the Alaska goal for the Year 2000, and the most recent US data for comparison. New in this edition is a special section reporting Alaska data for the Healthy People 2000 Leading Health Indicators.

The report includes information on 19 of 22 major topic areas from *Healthy Alaskans 2000*. The 19 areas were chosen because they represented health status, rather than issues related to public health systems. Public health systems will be analyzed in other reports.

The data on race/ethnicity and region have also been updated. The second major goal of *Healthy People 2010* is to eliminate health disparities among different segments of the population.<sup>3</sup> Although this report cannot provide a detailed analysis of all the health disparities in Alaska, it does provide at least one indicator in each of the 19 chapters by race/ethnicity and by region of the state. In addition, the special section on the Healthy People 2000 leading health indicators provides data on most of the indicators for Alaska Natives.

### **The Use of Public Health Data**

Data in itself does not provide a prioritization for public health efforts and resources. Before developing priorities and interventions, one needs to consider the quality of the data, what factors might be contributing to a perceived trend, and what other information might be needed. In addition, one needs to consider the size and seriousness of the public health issue, the effectiveness of proposed interventions, and the propriety, economics, acceptability, legality and economics of proposed interventions.<sup>4</sup>

Nonetheless, developing and reporting on health status indicators is the first step in public health planning. As such, this information will be used as we move towards developing health objectives for the year 2010, and strategies to meet those objectives.

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